P800089063

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COVER LETTER

TO: Amendment Section
Division of Corporations

Moon Lake Investments Inc NAME OF CORPORATION:	
P18000029063	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for fi	ling.
Please return all correspondence concerning this matter to the fol	lowing:
Scott Adams	
(Name of C	Contact Person)
Moon Lake Investments Inc	
(Firm/	Company)
9501S Istachatta Rd	
(A	ddress)
Floral City, FL 34436	
(City/ State	e and Zip Code)
moonlakeinvestments@outlook.com	
E-mail address: (to be used for future	annual report notification)
For further information concerning this matter, please call:	
Scott Adams	352 302-0700 at
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the	e Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 F Certificate of Status Certified (Additio	Copy Certificate of Status nal copy is Certified Copy

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Moon Lake Investments, Inc		
(Name of Corporation as currently filed with the Flor	ida Dept. of State)	
P18000029063		
(Document N	umber of Corporation (if)	known)
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	tatutes, this <i>Florida Not F</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	oration:	
N/A		The new
name must be distinguishable and contain the word "corp" "Company" or "Co." may not be used in the name.	poration" or "incorporate	
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDR	ESS)	
C. Enter new mailing address, if applicable:	3774	,
(Mailing address MAY BE A POST OFFICE BOX)	N/A	28
D. If amending the registered agent and/or registered	office address in Florida	ı, enter the name of the
new registered agent and/or the new registered off		
Name of New Registered Agent: N/A		5
		Florida street address)
New Registered Office Address:		
		. Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist	ered Agent:	
I hereby accept the appointment as registered agent. I a	m familiar with and accep	t the obligations of the position.
	Signature of New Regis	tered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: XChange X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
l) Change Add	VP	Colby Allen Adams	9501 S Istachatta Rd Floral City, FL 34436
X Remove			
2) Change Add			
Remove 3) Remove Add Remove	,		
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
		onal Articles, enter change(s) here: essary). (Be specific)	
N/A			
			

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		,		
The date of each amendment(s) adoption date this document was signed.	lt		·	if other than the
Effective date if applicable:				
Effective date il applicable.	no more than 90 days after am	endment file date)	·	
Note: If the date inserted in this block does document's effective date on the Departme	s not meet the applicable statut			e listed as the
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number	er of votes cast for the am	endment(s)	

3	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.			
	8/28/24			
	Dated			
	Signature (By the chairman or the chairman of the board, president or other officer-if directors			
	have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)			
	Scott Adams			
	(Typed or printed name of person signing)			
	President			
	(Title of person signing)			